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APPLICANTS

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** CONTINUING DATA *None, ✓*** FOREIGN APPLICATIONS *None, ✓*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/19/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OR	SHEETS DRAWING 9	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<i>✓</i>			
Verified and Acknowledged	Examiner's Signature <i>✓</i>	Initials			

ADDRESS

49474

TITLE

Selectively transmitting cache misses within coherence protocol

FILING FEE RECEIVED 1046	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext.of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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